

What is the Affordable Care Act?

The Affordable Care Act (ACA) is a health care law that was created to expand access to affordable health care coverage to all Americans, lower costs, and improve quality and care coordination. Under this health care law, people:

- have health coverage that meets a minimum standard (called minimum essential coverage);
- qualify for an exemption; or
- pay a fee when filing their taxes if they have affordable options but remain uninsured.

What's the Health Insurance Marketplace?

The Health Insurance Marketplace is a way to shop for and purchase private health insurance (for example, health coverage other than VA health care programs) that fits your budget and meets your needs. People who purchase insurance through the Marketplace may be able to lower the costs of health insurance by paying lower monthly premiums.

Visit <https://www.healthcare.gov/find-premium-estimates> for additional information on the premium costs of the health plans available on the Marketplace.

What happens if I do not have health coverage?

You do not have to pay a fee if you have coverage that meets minimum essential coverage. If you have access to affordable coverage but remain uninsured, you may have to pay a fee when filing your taxes. This payment will either be a flat fee or a percentage of your taxable household income, depending on which amount is **higher**. This payment will be phased-in according to the schedule below:

- **Fee for 2014:** \$95 per adult / \$47.50 per child (up to \$285 per family) or 1% of your taxable income, whichever is greater.
- **Fee for 2015:** \$325 per adult / \$162.50 per child (up to \$975 per family) or 2% of your taxable income, whichever is greater.
- **Fee for 2016:** \$695 per adult / \$347.50 per child (up to \$2085 per family) or 2.5% of your taxable income, whichever is greater.

Exemptions from the fee will be granted under certain circumstances. Visit <https://www.healthcare.gov/fees-exemptions> for more information on these exemptions.

Does enrollment in the Spina Bifida Health Care Benefits Program meet the requirement for health care coverage?

Yes. If you are enrolled in the Spina Bifida Health Care Benefits Program, you meet the coverage standards of the health care law. You do not need to take any additional steps.

Can I continue to use the Spina Bifida Health Care Benefits Program with other programs, like private insurance or federal health care programs?

Yes. You can continue using the Spina Bifida Health Care Benefits Program for your health care needs or as a supplement to your other health insurance.

Will my program benefits remain portable?

Yes, your program benefits are portable within the United States. The health care law does not change your program benefits or services.

I am enrolled in the Spina Bifida Health Care Benefits Program. Am I eligible for financial assistance if I purchase additional health care insurance?

Since the Spina Bifida Health Care Benefits Program meets the requirement for health care coverage under the law, you would not be eligible for assistance to lower your cost of health insurance premiums if you chose to purchase additional health care coverage outside of this program. However, you may still purchase private health insurance to complement the program benefits.

Can I cancel my enrollment from the Spina Bifida Health Care Benefits Program?

Yes. If you choose to cancel your enrollment from the Spina Bifida Health Care Benefits Program, you may reapply at any time. If you choose to cancel your enrollment in the Spina Bifida Health Care Benefits Program, you may send a letter to the Spina Bifida program office; you will receive a response letter notifying you of the effective date of your disenrollment.

Does the health care law impact my access to my Spina Bifida health care providers?

No. The health care law does not change your Spina Bifida benefits or access to providers.

What does the ACA mean for my family members?

Family members who are not eligible for the Spina Bifida Health Care Benefits Program should use the Health Insurance Marketplace to purchase coverage. They may get lower costs on monthly premiums or out-of-pocket costs, and they could be eligible for free or low-cost coverage through Medicaid or the Children's Health Insurance Program (CHIP).

Family members can learn about the amount of assistance they may be eligible for and submit an application for health care coverage through the Marketplace. Visit <https://www.healthcare.gov> for more information about the Marketplace.

Where can I get more information about the Spina Bifida Health Care Benefits Program and the Affordable Care Act?

- Visit VA's website at <http://www.va.gov/health/aca>
- Review *Fact Sheet 06-03: Spina Bifida Health Care Benefits Program and the Affordable Care Act* at <http://www.va.gov/purchasedcare/pubs/factsheets.asp>
- Contact the VHA Office of Community Care via any of the methods listed below:
 - Mail: VHA Office of Community Care
Spina Bifida Health Care Benefits Program
PO Box 469065
Denver, CO 80246-9065
 - Phone: 1-888-820-1756, Monday-Friday
8:05 a.m. to 6:45 p.m., Eastern Standard Time
 - Fax: 303-331-7807
 - Email: Follow the directions for submitting email via IRIS at <https://iris.custhelp.com/app/ask>
 - Website: <http://www.va.gov/purchasedcare/>